

AUG 2 4 2005

510(K) Summary

1. Name of Submitter:

Hospira, Inc.

275 North Field Drive Lake Forest, Illinois 60045

Owner/Operator # 9063339

2. Manufacturer and Establishment Registration Number:

Hospira, Inc. – Morgan Hill 755 Jarvis Drive

Morgan Hill, CA 95037

Establishment Registration # 2921482

3. Proprietary or Trade Name of Proposed Devices:

Hospira Plum A+® Infusion Pump System, v11.5

Hospira Plum A+®3 Infusion Pump System, v11.5

- 4. Common Name: Infusion Pump with IV Administration Sets
- 5. Device Classification, Pancode and ProCode: Class II, FRN (Infuser)

Class II, FPA (IV Administration Sets)

6. Performance Standards: No performance standards have been established under Section 514 of the Food, Drug and Cosmetic Act for intravenous infusion pumps. Infusion pumps are listed in 21 CFR 880.5725.

7. Intended Use:

Intended for use in parenteral, enteral, and epidural therapies and the administration of whole blood and blood products.

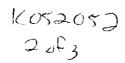
8. Indications for Use:

Indicated for use in parenteral, enteral and epidural therapies and the administration of whole blood and blood products.

9. Proposed Device Description:

The Hospira Plum A+® and Hospira Plum A+®3 Infusion Pump Systems are a family of single channel and triple channel software controlled, electromechanical infusion pumps that operate on a volumetric, piston-driven, fluid displacement principle. The infusers use a stepper motor in conjunction with an inline cassette to meter and deliver IV fluids through sterile intravenous administration sets designed to be used exclusively with both the Plum A+® and Plum A+®3. The infusers can be pole mounted.

As of May 03, 2004, both the infusers and the dedicated PlumSet® Administration Sets are manufactured and distributed by Hospira Incorporated, formerly the Hospital Products Division of Abbott Laboratories.



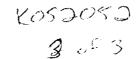
10. Predicate Device Information:

Devices cleared for commercial distribution and determined to be appropriate for use as predicates are summarized in the following table.

	n History	
510(k)#	Title	Decision Date
K042081	Plum A+ Infusion System with Hospira MedNet TM Software (v. 13.x)	08/24/2004
K024084	Abbott Plum A+ Infusion Pump, Model 12391	12/31/2002
K021350	Abbott Plum A+3 Multichannel Infusion Pump	05/14/2002
K011442	Plum A+ Infusion Pump	06/05/2001

11. Comparison to Legally Marketed Device(s)

Factors	Subject Device(s) Hospira Plum A+® Infusion Pump System, v11.5 Hospira Plum A+®3 Infusion Pump System, v11.5	Primary Predicate Device(s) Hospira Plum A+® / Plum A+® 3 Infusion Pump Systems V10.3 , v11.3, v13.x		
Intended Use	Intended Use Intended for use in parenteral, enteral, and epidural therapies and the administration of whole blood and blood products.			
Indications	Same			
Operating Principle				
Administration Sets and Fluid Contact Materials	Sterile, dedicated, non-pyrogenic, PlumSet® Administration Sets.	Same		
Physical Features	, , , , , , , , , , , , , , , , , , ,			
Environmental Features	Same			



Factors	Subject Device(s) as Hospira Plum A+® Infusion Pump System, v11.5 Hospira Plum A+®3 Infusion Pump System, v11.5	Primary Predicate Device(s) Hospira Plum A+®/ Plum A+®3 Infusion Pump Systems V10.3, v11.3, v13.x
Performance Features	Delivery Rates, VTBI Range, Dose Units, Delivery Accuracy, Delivery Modes, Therapies, Distal Occlusion Limits, Proximal Occlusion Limits, Alarm Types and Conditions, Default Drug Library.	Similiar (Improved Battery Charge Monitoring Algorithm in v11.5 and v13.x only)
BioMed Settings	Configuration settings available for customization.	Similar (Supporting software code for optional barcode wand capability removed in v11.5, disabled in v13.x)

12. Statement of Substantial Equivalence:

Compatible Hospira Plum A^{+} and Hospira Plum A^{+} Infusion Systems when upgraded with v11.5 software are substantially equivalent to the current predicate devices identified in the submission.

Similarities:

- 1) Same intended use and indications for use.
- 2) Same fundamental scientific technology.
- 3) Same physical, operational, and performance specifications.
- 4) Same materials of construction for all infuser components and administration sets.

13. Statement of Safety and Effectiveness

Compatible Hospira Plum A+® and Hospira Plum A+®3 Infusion Systems, when upgraded to v11.5, meet the functional claims and intended use as described in the product labeling, and are as safe and effective in terms of substantial equivalence as the predicate devices described in this submission.

Prepared and submitted by:
Patricia Melerski
Manager, Global Device Regulatory Affairs
Hospira, Inc.
275 North Field Drive
Lake Forest, IL 60045

Phone: 224/212-4880 Fax: 224/212-5401





AUG 2 4 2005

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Ms. Patricia Melerski Manager, Global Device Regulatory Affairs Hospira, Incorporated 275 North Field Drive Building H-2, Dept.-389 Lake Forest, Illinois 60045

Re: K052052

Trade/Device Name: Hospira Plum A+® Infusion Pump System, v11.5

Hospira Plum A+®3 Infusion Pump System, v11.5

Regulation Number: 21 CFR 880.5725 Regulation Name: Infusion Pump

Regulatory Class: II Product Code: FRN Dated: July 28, 2005 Received: July 29, 2005

Dear Ms. Melerski:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

1	ndics	ations	for	TICA	Stater	nent
	1111111	41111115	1111	LINE	STATE	11611

510(k) Number (if known)

Device Name:

Hospira Plum A+® Infusion Pump System, v11.5

Hospira Plum A+®3 Infusion Pump System, v11.5

Indications for Use:

Indicated for use in parenteral, enteral and epidural therapies and the administration of whole blood and blood products.

Prescription Use X (Part 21 801 Subpart D) AND/OR

Over-The_Counter Use_____(Part 21 CFR 807 Subpart C)

PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of Anesthesiology, General Hospital,

Infection Control, Dental Devices

510(k) Number: <u>火サSみ</u>ψ5み